



COMMERCE & INSURANCE
TENNESSEE COMMISSION ON FIRE FIGHTING
500 James Robertson Parkway, Suite 630
Nashville, TN 37243 - 615-741-6780

FOR COMMISSION USE ONLY

Rec'd _____
App'd _____
Hours Credit _____
NOTES _____

APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

SECTION A

REQUEST FOR:

_____ COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE
(complete section A, B, C and F)

_____ COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE
(complete section A, B, E and F)

_____ SPECIALIZED TRAINING SUBSTITUTION (course must be a minimum of 3 hours duration)
(complete section A, B, D and F)

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SECTION B

_____ Last Name, First Name MI Fire Department Name

_____ Rank/Position Social Security Number

_____ Home Address City State Zip

Completed 8 hours of Hazardous Materials Training on _____
Date

Completed the CPR Certification requirement on _____
Date

**SECTION C
COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named Commission certification.

_____ Title of Certification Certification Number

_____ Date Issued

SECTION D
SPECIALIZED TRAINING SUBSTITUTION
(Course must be a minimum of 3 hours duration)

<hr/> Course Title	<hr/> # of Hours of Course	<hr/> Test Score
<hr/> Sponsoring Agency	<hr/> Institution	<hr/> Department
<hr/> Location		
Date: From <hr/> To <hr/>		<hr/> # of hours requested

* If no test is administered, the attending fire personnel must submit a detailed evaluation of course to the training officer to be forwarded to the Commission for approval and/or a copy of curriculum and certificate of completion must be attached.

*** NOTE: IF THIS IS NOT DONE, NO CREDIT WILL BE GIVEN.**

SECTION E
COLLEGE/UNIVERSITY

<hr/> TITLE OF COURSE	<hr/> COLLEGE OR UNIVERSITY
<hr/> LENGTH (HOURS) OF COURSE	<hr/> EXPECTED DATE OF COMPLETION

Attach College/University catalog description or syllabus of course.

Upon completion of this course, a copy of the transcript must be provided in order for credit to be given.

This course is being taken for the following reason(s):

<hr/> Agency Requirement	<hr/> Professional/Personal Enrichment
<hr/> Degree Requirement	<hr/> Associate <hr/> Bachelor <hr/> Master
<hr/> Other <hr/>	

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SECTION F

I do hereby certify that all the above information on this form is complete and accurate to the best of my knowledge.

<hr/> Applicant's signature	<hr/> Training Officer's signature
<hr/> Fire Chief's signature	<hr/> Agency Head's Signature College/University